

No. 2
5-43
17-39
X36671

FILED MAR 22 1944

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 252

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town "RURAL" Bloomington //
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 miles south of DeKalb, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HORACE DAVID BURNETT

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hazel Burnett
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Sept. 25 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 5 11 hr. mfn.

9. Birthplace unknown N. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER

12. Name John G. Burnett
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mamie Long
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.D. Burnett
(b) Address DeKalb, Mo.

17. (a) burial (b) Date thereof 3/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turner Cemetery

18. (a) Signature of funeral director Helen Betole & Bowman

(b) Address 319 South 10th

19. (a) 3/7/44 (b) Rose Heagy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1944 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from
March 6, am 1944, to March 6, 1944;
that I last saw h im alive on March 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease, arteriosclerotic Myocarditis, Chr.

Due to _____
Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis, general
Of operations _____
Of autopsy U

Duration
unable
to
state.
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury D

23. Signature Willard M. J. J. J. (M. D. J. J. J.)
Address Phys. & Surgs. Bldg. Date signed 3/7/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. H. H. Carter
Chap. T. King's Body

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.